

# La Grande School District 1

Code: EEAE-AR  
Revised/Reviewed: 10/10/18; 8/30/23

## Proof of Vehicle Liability Insurance, Driver's License and Background Check

Dear \_\_\_\_\_,

You have agreed to transport students of the district to a field-trip function or for some other school-approved purpose. In order to transport students you must be properly licensed to drive. Please be aware that in the event of an accident, your insurance will provide primary coverage. In order to serve as a driver you will be required to provide proof of vehicle liability insurance and a valid drivers license. LGSD staff shall keep a photocopy on file. Your insurance must meet or exceed minimum requirements as established by the state of Oregon and as set by the district.

Driving students is considered a volunteer service that allows for direct, unsupervised contact with students; as such the volunteer shall submit to an in-state criminal records check prior to transporting students. Please complete a [Volunteer and Mentor Form](http://www.lagrandesd.org) for your background check at [www.lagrandesd.org](http://www.lagrandesd.org).

Please COMPLETE the following information, providing information requested. SIGN where indicated and RETURN to the school office four working days PRIOR TO THE DATE OF THE EVENT.

Insurance Company Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(not agent's name)

Policy Number: \_\_\_\_\_

Policy Limits: \_\_\_\_\_

Current minimum limits are: \$25,000 per person and \$50,000 per accident for bodily injury; \$20,000 per accident for property damage; \$25,000 per person and \$50,000 per accident for uninsured motorist coverage; and \$15,000 per accident for personal injury protection.

Date of Birth: \_\_\_\_\_ Oregon Driver License No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (as it appears on your driver license): \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Attach: Proof of vehicle insurance and Copy of your Driver's License

Return form to fiscal officer. If you do not have required coverage, you will not be allowed to transport students. (Insurance companies may increase coverage for specific dates.)

Office Use: Approved Background Check: \_\_\_\_\_



# La Grande SCHOOL DISTRICT

## Drive Consent and Waiver of Liability (Use of personal transportation)

**Student**

Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_

**Parent/Guardian**

Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Relationship to participant \_\_\_\_\_

I, (Parent/Guardian above), grant permission for my child, (student above), to utilize private/personal transportation to attend the school sponsored event.

As parent or legal guardian, I agree on behalf of myself, my child named herein, or our representatives, heirs, successors, and assigns, to release from any and all liability and to hold harmless La Grande School District, its School Board, their successors, employees, insurers and agents for any claim resulting from any accident, property loss, injury or illness incurred as a result of, or in connection with such personal transportation.

Volunteer Drivers using personal vehicles are required to have a valid Driver’s License, provide Proof of Insurance and provide the number of functional seat restraints in their vehicle to LGSD. Volunteer Drivers must be approved by a La Grande School District Administrator prior to transporting students.

**Event:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Dates:** \_\_\_\_\_

**Lodging:** \_\_\_\_\_

**Drivers Name:** \_\_\_\_\_

**Parent Approval Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Documents Verified By School Administrator:** \_\_\_\_\_

**Date** \_\_\_\_\_